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COLLEGE OF PSYCHOLOGISTS OF BRITISH COLUMBIA

Pursuant to the *Health Professions Act*, R.S.B.C. 1996, c.183, as amended

**Complaint Investigation Report of the Inquiry Committee
in the complaint of Mr. Brad Hartl
concerning Dr. Michael Webster, Registered Psychologist
File No. 2012-C33**

A. Decision

The Inquiry Committee decided to take no further action in the matter of a complaint by Mr. Brad Hartl against Dr. Michael Webster pursuant to section 33(6)(a) of the *Health Professions Act* (the "Act").

A copy of the Act is available on the College's website at www.collegeofpsychologists.bc.ca.

The Inquiry Committee reports its decision and conclusions pursuant to section 34 of the Act and Bylaw 57(2).

B. Legislative Mandate and Powers

The Inquiry Committee is responsible for investigating written complaints received by the College, provided the person complained about was registered with the College of Psychologists of British Columbia (the "College") at the time of the events giving rise to the complaint, and the issues could fall within the scope of the Act.

The Inquiry Committee acts to assess evidence in the context of a complaint, and its own concerns if any, to determine if the evidence as a whole supports a clear and cogent case of unsatisfactory conduct within the College's jurisdiction and of a sufficiently serious nature to warrant discipline. The College may investigate and discipline a registrant for any of the following matters:

- (a) a contravention of this Act, the regulations or the bylaws;
- (a.1) a conviction for an indictable offence (but only if the nature of the offence or the circumstances under which it was committed give rise to concerns about the registrant's competence or fitness to practice psychology);
- (b) a failure to comply with a limit or condition imposed under this Act, the regulations or the bylaws;
- (c) professional misconduct;
- (c.1) unprofessional conduct or unethical conduct;

- (d) competence to practise the designated health profession;
- (e) a physical or mental ailment, an emotional disturbance or an addiction to alcohol or drugs that impairs his or her ability to practise the designated health profession.

The Inquiry Committee is not a fact-finding body, and no statement or opinion of the Inquiry Committee should be taken as a finding of fact. It is the responsibility of the Committee to make a determination of what further action to take under the *Health Professions Act*.

When the Inquiry Committee completes an investigation, it must decide on a course of action respecting the matters raised in a complaint, and any other matter investigated by the Inquiry Committee:

1. The Inquiry Committee may take no further action;
2. The Inquiry Committee may resolve a matter informally and take actions appropriate to resolve the matter between the complainant and the registrant;
3. The Inquiry Committee may attempt to resolve a matter through a voluntary consent or undertaking of the registrant; or
4. The Inquiry Committee may direct the registrar to issue a "citation" leading to a formal hearing.

The Inquiry Committee may request that a respondent undertake to do or not do particular acts in order to address any public protection issues, including practice management issues identified in the complaint investigation. If an agreement is not achieved, or is inappropriate in the circumstances, the Inquiry Committee may direct the Registrar to issue a citation for a formal hearing of the Discipline Committee.

A hearing of the Discipline Committee is in many ways like a trial, and includes the calling of evidence, witnesses, and cross-examination.

C. Complaint Investigation Process and Review Board Process

After a thorough review of a written complaint and any complaint documents submitted by a complainant, the Inquiry Committee may request and review the relevant clinical records, ask the respondent questions, or conduct any other investigation. Under the Act, the Inquiry Committee must provide each respondent with an opportunity to provide any information the respondent believes should be considered by the Inquiry Committee. In its final evaluation of a complaint, the Inquiry Committee reviews all documentation obtained in the course of its investigation. Under the Act, the complainant may, if dissatisfied with this decision, apply to the Health Professions Review Board for a review of the Inquiry Committee's decision. Any application must be made within 30 days of the day on which this notice is delivered to the complainant. Information about the Health Professions Review Board is available on its website at www.hprb.gov.bc.ca.

D. Complaint Summary

In a complaint letter dated August 2, 2012, Mr. Brad Hartl lodged a complaint against Dr. Michael Webster. This complaint was in regard to psychological services provided to members of, and public statements regarding, the Royal Canadian Mounted Police (RCMP).

According to the materials submitted by the Complainant, the Complainant is the Human Resources Officer for the RCMP in BC. As of the date of the complaint, the Respondent had provided psychological treatment to members of the RCMP for over twenty years on a contract basis. The Complainant stated that the RCMP clinical team had reported a lack of objectivity in the Respondent's clinical work and in his public commentary about the RCMP. The Complainant stated that he was concerned that the Respondent had become increasingly biased in the past year, and that in offering public opinions about the RCMP organization and structure Dr. Webster was practising outside his area of competence and expertise. The Complainant reported that the Respondent's clinical reports and communications about members advocated strongly for organizational change and that this was detrimental to Dr. Webster's clinical effectiveness with his then-patients.

The allegations made by the Complainant may be summarized as follows:

1. That Dr. Webster lacked objectivity and sound professional judgment in his clinical work with RCMP members by advocating for organizational change in his treatment plans. The Committee requested that Dr. Webster respond to the allegation in general, and with specific reference to the following examples raised by the Complainant in support of his complaint:
 - a. That Dr. Webster "adopt[ed] a strong advocacy stance in favour of organizational change rather than focusing on individual client treatment" and that this is "detrimental to his clinical effectiveness"; and
 - b. That Dr. Webster's "progress reports commonly contain statements which indicate a member will return to work when organizational changes occur [when] [t]he expectation is psychologists will focus on treating their clients' symptoms...rather than adopting the view they will remain ill until their employer undergoes significant organizational change".
2. That Dr. Webster's public commentary about the RCMP lacks objectivity and was/is harmful to then-current and past patients. The Committee requested that Dr. Webster respond to the allegation in general, and with specific reference to the following examples raised by the Complainant in support of his complaint:
 - a. That Dr. Webster "referred to the RCMP in very derogatory terms in his public statements. These kinds of statements may be confusing and disturbing to his RCMP patients....It appears Dr. Webster has not taken into account how such negative statements made by one's treating psychologist may affect that portion of his past and present RCMP patients";
 - b. That the RCMP "take[s] issue, not just on behalf of the RCMP as an organization, but more importantly, on behalf of his RCMP client-base" with Dr. Webster's commentary because it "demonstrates an absence of objectivity" and that "bias may adversely impact the psychological well-being of [his] clients"; and
 - c. A number of statements Dr. Webster made to the media, which were highlighted by the Complainant in support of his complaint.

3. That Dr. Webster was practising outside his area of competence and expertise by offering public opinions about RCMP organization and structure. The Committee requested that Dr. Webster respond to the allegation in general, and with specific reference to the following examples raised by the Complainant in support of his complaint:
 - a. That he "now refers to himself as a Radical Psychologist and Police Psychologist and very publicly opines about the RCMP in areas which we believe extend far beyond his medical expertise"; and
 - b. A number of statements Dr. Webster made to the media, which were highlighted by the Complainant in support of his complaint.

E. Investigation Summary

The Inquiry Committee investigated each allegation raised in the complaint to decide what action to take under the *Health Professions Act*.

By way of letter dated October 24, 2012, the College requested that the Complainant provide a complete copy of each of the reports the Complainant had referenced in his letter of complaint, as only excerpts had been received. The College also invited the Complainant to a meeting regarding the complaint investigation process and to address any additional questions or concerns that he may have. On November 8, 2012, the College engaged in a telephone discussion with the Complainant for a discussion of the complaint investigation process, the Complainant's concerns, and a range of possible outcomes from the investigation process.

In a letter dated December 12, 2012, the Inquiry Committee provided Dr. Webster with the opportunity to provide further information regarding the allegations raised by the Complainant pursuant to section 33(5) of the Act. The Committee deferred its questions for Dr. Webster at that time, and invited him to attend a meeting with the Registrar on the Committee's behalf to discuss the systems and/or processes that gave rise to this complaint. Dr. Webster did so on January 4, 2013. During the meeting, Dr. Webster addressed the allegations raised regarding his conduct and spoke to his clinical rationale and professional judgment in preparing the progress reports submitted by the Complainant. He also informed the Registrar that he no longer had any clients employed by the RCMP, as the RCMP no longer provided financial coverage for their employees to seek treatment from him. At its meeting on January 24, 2013, the Inquiry Committee received the Registrar's verbal report of her meeting with Dr. Webster, and in a letter dated February 13, 2013, the Committee asked Dr. Webster to respond in writing to the allegations raised, pursuant to section 33(5) of the Act.

F. Conclusions of the Inquiry Committee

The Inquiry Committee reviewed each allegation and all documents provided by both Mr. Hartl and Dr. Webster, including specific information provided by Dr. Webster pursuant to section 33(5) of the Act. The Inquiry Committee considered the standards, bylaws, and *Code of Conduct* provisions governing at the relevant time.

In particular, the Inquiry Committee reviewed the complaint with consideration of Standards 3.1, 3.4, 3.5, 3.11, 3.14, 3.15, 3.18, 3.26, 5.1, 5.26, 7.8, 7.9, 10.7, 10.14, 10.15, 10.17, 11.27, and 11.33 of the *Code of Conduct*.

The Inquiry Committee reviewed all of the allegations made by Mr. Hartl as summarized above and reviewed the complete set of materials he provided to the College. In reviewing the allegations, the Committee also sought information from the Respondent regarding Mr. Hartl's allegations, as set out below.

Background Information

Dr. Webster noted that his practice of psychology with RCMP employees was distinct in that all of his clients were or had previously been on medical leave during their treatment with him. He noted that many had obtained legal representation, were in litigation against the RCMP, and had been off work from several months to several years.

Allegation 1

That Dr. Webster lacked objectivity and sound professional judgment in his clinical work with RCMP members by advocating for organizational change in his treatment plans.

Dr. Webster responded that he had reviewed the progress reports provided by the Complainant, and expressed his disagreement that they contained advocacy for organizational change. He stated that he had worked hard to provide appropriate treatment to his former clients to assist them in improving their health.

The Committee also asked that Dr. Webster respond to the following examples raised by the Complainant in support of his allegation:

- a. *That Dr. Webster "adopt[ed] a strong advocacy stance in favour of organizational change rather than focusing on individual client treatment" and that this is "detrimental to his clinical effectiveness"; and*
- b. *That Dr. Webster's "progress reports commonly contain statements which indicate a member will return to work when organizational changes occur [when] [t]he expectation is psychologists will focus on treating their clients' symptoms...rather than adopting the view they will remain ill until their employer undergoes significant organizational change".*

Dr. Webster noted that the progress reports requested by the RCMP contained several categories that needed completion. He stated that in each of the progress reports submitted in support of the complaint, he had focused on providing information on "individual client treatment" as required. Dr. Webster expressed his professional opinion that his treatment plans were composed of well accepted psychotherapeutic methods and realistic and productive goals. He also disagreed that his suggestions in response to the request for information on how to return clients to work constituted advocacy regarding organizational change. He noted that his clinical practice includes assisting people to make personal changes.

Dr. Webster also noted that he was unaware of the Complainant or the RCMP clinical team having observed his work with RCMP clients or having surveyed those clients regarding his clinical effectiveness. Dr. Webster also appeared to question whether it was appropriate to measure his clinical effectiveness solely based on "return to work" (which he said seemed to be the Complainant's

approach), rather than looking at other measures of psychological adjustment (describing the focus of his practice therapy as being about "personal change").

Upon review of all of the information before it, including the progress reports written by Dr. Webster that had been provided by the Complainant, the Committee was of the view that Dr. Webster's conduct in this regard fell within the realm of reasonable professional discretion and judgment.

Allegation 2

That Dr. Webster's public commentary about the RCMP lacks objectivity and was/is harmful to then-current and past patients.

Respecting the second allegation, Dr. Webster informed the Committee that his public commentary regarding the RCMP was based on available public and academic data, his professional experience in working with the RCMP for over thirty years, and his basic police training at the RCMP training academy. Dr. Webster stated that he had, over the course of his career, maintained a standard practice of stating his views directly, and he denied that he had failed to maintain his objectivity. He also noted that he was unaware of any formal or informal canvassing of his former clients regarding whether his public comments had been, or had been perceived as, harmful to them.

The Committee also asked that Dr. Webster respond to the following examples raised by the Complainant in support of his allegation:

- a. *That Dr. Webster "referred to the RCMP in very derogatory terms in his public statements. These kinds of statements may be confusing and disturbing to his RCMP patients....It appears he has not taken into account how such negative statements made by one's treating psychologist may affect that portion of his past and present RCMP patients":* Dr. Webster disagreed that his commentary had been "derogatory", and stated in his response to the Committee that he was of the view that his opinions were informed through research and experience. He again noted that he was unaware of any survey or interview of his former clients in this regard, and observed that his own feedback from former clients provided no suggestion that his commentary had been experienced as "confusing" or "disturbing".
- b. *That the RCMP "take[s] issue, not just on behalf of the RCMP as an organization, but more importantly, on behalf of his RCMP client-base" with Dr. Webster's commentary because it "demonstrates an absence of objectivity" and that "bias may adversely impact the psychological well-being of his clients":* Dr. Webster responded that he was unaware of any of his former clients having communicated concerns to the Complainant in line with this allegation.
- c. *A number of statements Dr. Webster made to the media, which were highlighted by the Complainant in support of his complaint:* Dr. Webster stated that he had reviewed the comments submitted by the Complainant in support of the complaint, and expressed his disagreement that his comments were "derogatory" or lacked objectivity.

Having carefully reviewed all of the information provided to it by the Complainant and the Respondent, the Committee was satisfied in the circumstances that this question did not raise concern about Dr.

Webster's professional conduct under the *Code of Conduct* or require further action under the *Health Professions Act*.

Allegation 3

That Dr. Webster was practising outside his area of competence and expertise by offering public opinions about RCMP organization and structure.

Respecting the third allegation, Dr. Webster reiterated his view that his publicly stated opinions were based on available information, professional experience, and basic police training. He also stated that he has employed only those techniques that he learned during his graduate education, post-doctoral training, and continuing competency, and denied that he had practised beyond his scope.

The Committee also asked that Dr. Webster respond to the following examples raised by the Complainant in support of his allegation:

- a. *That he "now refers to himself as a Radical Psychologist and Police Psychologist and very publicly opines about the RCMP in areas which we believe extend far beyond his medical expertise":* Dr. Webster acknowledged that he refers to himself as a "police psychologist", and stated that this was in the context of his professional practice, which consists entirely of work with police members and agencies. He denied that he referred to himself as a "radical psychologist", and clarified that he had, on one occasion, written an article describing his appreciation for certain aspects of critical (or radical) psychology, including its focus on social justice issues. He also denied that he had ever claimed any medical expertise, given that he is a psychologist and not a medical practitioner.
- b. *A number of statements Dr. Webster made to the media, which were highlighted by the Complainant in support of his complaint:* Dr. Webster stated that he had reviewed the statements submitted by the Complainant in support of his complaint, and stated his view that he formulated his opinions in accordance with acceptable professional standards.

In view of the above, the Inquiry Committee was of the view that the evidence did not substantiate the allegation that Dr. Webster was practising outside his area of competence or expertise. Further, the Committee was of the view that the matter of Dr. Webster referring to himself as a "police psychologist" was descriptive and not in breach of professional standards.

With respect to all of the issues, the Inquiry Committee concluded that the evidence, taken as a whole, was not sufficient to make out a case of unprofessional conduct by Dr. Webster. Accordingly, the Inquiry Committee concluded that Dr. Webster's conduct was "satisfactory" within the meaning of section 33(6)(a) and that no further action was warranted.

COMPLAINT INVESTIGATION REPORT approved at Vancouver, British Columbia, the 25th day of March, 2013.

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